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MARGIN RESERVE FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS' ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF BIRTH		State File No. <u>264</u>	
County <u>Maricopa</u> State <u>Arizona</u>		Registered No. <u>5</u>	
District or Township <u>Chandler District</u>		City <u>Chandler</u> No. <u> </u> St. <u> </u> Ward <u> </u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number).			
2. FULL NAME <u>Daniel Marvin Beckham</u>			
(a) Residence. No. <u> </u> (Usual place of abode)		St. <u> </u> Ward <u> </u>	
(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>			
6. DATE OF BIRTH (month, day and year) <u>May 22 / 1925</u>			
7. AGE	Years <u>8</u>	Months <u>5</u>	Days <u>5</u>
IF LESS than 1 day hrs. or min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u> </u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Ariz</u> (State or country)			
10. NAME OF FATHER <u>C M Beckham</u>			
11. BIRTHPLACE OF FATHER <u>Texas</u> (State or country)			
12. MAIDEN NAME OF MOTHER <u>Guinilla Spurlin</u>			
13. BIRTHPLACE OF MOTHER <u>Texas</u> (State or country)			
14. Informant <u>C M Beckham</u> (Address) <u>Chandler</u>			
15. Filed <u>2-5</u> 1926 <u>Jas. M. Mason</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
10. DATE OF DEATH (month, day, and year) <u>Jan 27 1926</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 20</u> 1926 to <u>Jan 27</u> 1926, that I last saw him alive on <u>Jan 26</u> 1926, and that death occurred, on the date stated above, at <u>8 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>neumococci</u>			
(duration) yrs. mos. ds. <u>8</u>			
CONTRIBUTORY (Secondary) <u> </u> (duration) yrs. mos. ds.			
18. Where was disease contracted if not at place of death? <u> </u>			
Did an operation precede death? <u>No</u> Date of <u> </u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Laboratory & Clinical</u> <u>Dr. Jordan</u> M.D. 1/27 1926 (Address) <u>Chandler</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u>		DATE OF BURIAL <u>Jan 28/26</u>	
20. UNDERTAKER <u>W. A. Burton</u>		ADDRESS <u>Mesa</u>	